

# BEST AVAILABLE COPY

<b>CLAIMS ONLY</b>						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
<b>CLAIMS</b>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1					51		
2	1					52		
3	1					53		
4	1					54		
5	1					55		
6	1					56		
7	1					57		
8	1					58		
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39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.	3					TOTAL IND.		
TOTAL DEP.	29					TOTAL DEP.		
TOTAL CLAIMS	27					TOTAL CLAIMS		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS